

Request for Option 2 or 3 Pop-Up Increase

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

Address and your current beneficiary information. Address	Name of Participant (First Name, Middle Initial, Last Name) Current Option 2 or 3 Beneficiary	Section 1	Participant & Beneficiary Information		
City State ZIP Current Option 2 or 3 Beneficiary Current Option 2 or 3 Beneficiary Relationship to You Date of Retirement (mm/dd/yyyy) Relationship to You Date of Retirement (mm/dd/yyyy) Eligibility for Option 2 or 3 "Pop-Up" increase is based on one of the following events. Indicate the event that applies. Death of current life option beneficiary (provide copy of the certified death certificate) of domestic partnership, or endorsed-filled court order with this application. Disorce, annulment, or legal separation from spouse or ex-spouse who is your life option beneficiary (provide copy of the endorsed-filed court order). Dissolution or termination of domestic partnership from domestic partner or ex-domestic partner who is you life option beneficiary (submit a copy of the endorsed-filed court order). Disclaimer of Benefit Request Check here to have CalPERS send you a Non-Spouse or Non-Domestic Partner Disclaimer of CalPERS Benefits form. Your non-spouse or non-domestic partner beneficiary can voluntarily disclaim entitlement to your option benefit. The form must be returned to CalPERS with your beneficiarys notarized signature and be approved by CalPERS before your monthly benefit amount is increased. Section 4 Certification of Participant I hereby certify under penalty of perjury that the foregoing information is true and correct.	Current Option 2 or 3 Beneficiary Current Option 2 or 3 Beneficiary Relationship to You Date of Retirement (mm/dd/) Section 2 Please submit a copy of appropriate legal ocument, such as certificate or dearthficate, marriage certificate, certificate of domestic partnership, or endorsed-filed court order with this application. Divorce, annulment, or legal separation from spouse or ex-spouse who is your life option beneficiary (provide copy of the endorsed-filed court order). Dissolution or termination of domestic partnership from domestic partner or ex-domestic partner with life option beneficiary (submit a copy of the endorsed-filed court order). Dissolution or termination of domestic partnership from domestic partner or ex-domestic partner with life option beneficiary (submit a copy of the endorsed-filed court order). Dissolution or termination of domestic partnership from domestic partner or ex-domestic partner with life option beneficiary (submit a copy of the endorsed-filed court order). Dissolatimer of Benefit Request Check here to have CalPERS send you a Non-Spouse or Non-Domestic Partner Disclaimer of Call Benefits form. Your non-spouse or non-domestic partner beneficiary can voluntarily disclaim entitler to your option benefit. The form must be returned to CalPERS with your beneficiary's notarized signal and be approved by CalPERS before your monthly benefit amount is increased.		Name of Participant (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID		
Current Option 2 or 3 Beneficiary Name of Beneficiary (First Name, Middle Initial, Last Name)	Current Option 2 or 3 Beneficiary Name of Beneficiary (First Name, Middle Initial, Last Name)		Address		
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Signature of Participant () Date (mm/dd/yyyy)					
	Signature of Participant Date (mm/dd/yyyy)		Signature of Participant	Date (mm/dd/yyyy)	
Daytime Phone Evening Phone					

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711